

POLICY OF	POLICY NUMBER	PAGE NUMBER
STATE OF DELAWARE	C-02	1 OF 2
DEPARTMENT OF CORRECTION	RELATED NCCHC/ACA STANDARDS: P-C-02/4-4411 (IMPORTANT)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE

To review the effectiveness and appropriateness of care providers.

POLICY:

1. Within the first three (3) months of employment, there will be a review of the clinical performance of all licensed independent practitioners, consisting of a chart review that reflects a sample of the different type(s) of service(s) provided by the practitioner. For PCP's psychiatrists and dentists. A minimum of 20 specially selected charts designed to identify the highest risk patients and a maximum of 40 charts as identified for each practitioner will be reviewed. For all practitioners, the review assesses the adequacy of the documentation of subjective and objective data in addition to appropriateness of assessment and plans. Deviations from reasonable expectations will result in face to face feedback and discussion by the reviewer, which will be summarized for the record. Where indicated, this review will be repeated every 90 days until satisfactory performance is achieved.
2. Physicians, psychiatrists, dentists, mid-level practitioners and Ph.D. level psychologists, are reviewed annually using pre-established criteria as noted above. The site Medical Director will review the clinical care of other physicians and mid-level practitioners. The Mental Health Director for mental health clinicians, Chief Psychiatrist for psychiatrists, Chief Dentist for dental practitioners. These reviews will be documented and discussed with practitioner.
3. The Regional Medical Director (or designee) will review the clinical care of the site Medical Director and their administrative head as appropriate on an annual basis using pre-established criteria.

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER C-02	PAGE NUMBER 2 OF 2
SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT		

4. All documents and communications are privileged and confidential.
5. The Health Services Administrator will maintain a log that lists primary care providers, date of review, along with the name and title of person performing review. The log is available for survey purposes.
6. The result of performance review is to be shared with reviewed clinicians and corrective action is undertaken as indicated.
7. On an annual basis, a report of the clinical performance review will be submitted to the Office of Health Services and documented in the site quality improvement meeting minutes.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-C-02

American Correctional Associations: Standards for Adult Correctional Institutions, 4th Edition, 2003. 4-4411